

**Name of Person Filing:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_  
**Evening Phone Number:** \_\_\_\_\_  
**ATLAS Number (if applicable):** \_\_\_\_\_  
**Attorney Bar Number (if applicable):** \_\_\_\_\_  
**Representing:** ☐ Self ☐ Petitioner ☐ Respondent

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN GILA COUNTY

Petitioner \_\_\_\_\_

Case No. \_\_\_\_\_

### CONFIDENTIAL SENSITIVE DATA FORM

(Not a public record)

Respondent \_\_\_\_\_

**Social Security & Account Numbers can be omitted on other forms when included on this form. File form with Clerk of Superior Court. (Do NOT serve this document on the other party)**

#### A. Personal Information:

##### Petitioner

##### Respondent

Name \_\_\_\_\_

Gender \_\_\_\_\_

☐ Male or ☐ Female

☐ Male or ☐ Female

Date of Birth (Month/Day/Year) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Other Phone (cell/pager) \_\_\_\_\_

Email Address \_\_\_\_\_

Current Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer city, State, zip Code \_\_\_\_\_

Employer telephone Number \_\_\_\_\_

Employer Fax Number \_\_\_\_\_

#### B. Child(ren) Information:

Child's Name

Gender

Child's Social Security Number

Child's Date of Birth

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*For Court use only. NOT public record. Do NOT provide a copy of this document to the other party.**